

ARIZONA STATE BOARD OF EDUCATION

1535 West Jefferson, Bin 11

Phoenix, Arizona 85007

Phone: 602.542.5057

Fax: 602.542.3046

**APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A
STATE BOARD ADVISORY COMMITTEE OR TASK FORCE**

☐ I am interested in serving on this advisory committee or task force:

Insert Desired Advisory Committee Title

☐ I am not interested in serving on this advisory committee or task force at this time, but please keep my application on file for consideration in the future.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____ Preferred Method of Contact: Email ☐ Fax ☐

Current Employment Information:

(please include name of employer, dates of employment, title and a brief description of job duties)

Previous State Board Committee Involvement:

(please include the name of the Committee, dates served, and position if applicable)

Why are you interested in this position? What do you think best qualifies you for this position?:

Please describe any civic organizations or projects in which you have been involved that you believe to be relevant to the position for which you are being considered for appointment:

Voluntary Information:

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Male	<input type="checkbox"/>	Residence:
Female	<input type="checkbox"/>	Rural <input type="checkbox"/>
		Urban <input type="checkbox"/>

----- Office Use-----

Nominated By: _____

Date Considered for Appointment: _____

Initial Appointed: ☐ Yes ☐ No Reappointment: ☐ Yes ☐ No

Term Effective: _____ Term Expires: _____

Date Notified: _____